

MULTIPLE DEPENDENT CLAIMS  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)

EXAMINE NO. **5782234** FILING DATE  
APPLICANT

CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						61					
2						62					
3						63					
4						64					
5						65					
6						66					
7						67					
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32						92					
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36						96					
37						97					
38						98					
39						99					
40						100					
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL NO.	2					TOTAL NO.					
TOTAL OFF.	21					TOTAL OFF.					
TOTAL	23					TOTAL					